



Dynesys® Spinal System Adjunct to Fusion with Autogenous Bone Graft

2007 Coding Reference Guide for Physicians and Hospitals

Valid January 1, 2007 - September 30, 2007



This coding reference guide is intended to illustrate the common CPT* and ICD-9 CM procedure codes, DRG codes, and add-on codes for billing *Dynesys*® Spinal System in the inpatient hospital setting. CPT is a trademark of the American Medical Association (AMA).

This information reflects the use of the *Dynesys* Spinal System as an adjunct to fusion. Any other use of the *Dynesys* Spinal System is not cleared for marketing by the FDA and coding guidance does NOT apply.

Common PHYSICIAN Billing Codes for *Dynesys* Spinal System

CPT® Code	Code Description	Total RVUs
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	4.70
22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	21.41
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3-6 vertebral segments	21.42
22849	Reinsertion of spinal fixation device	34.37
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	41.68
22614	each additional vertebral segment (List separately in addition to code for primary procedure) (Use 22614 in conjunction with codes 22600, 22610, 22612)	10.96
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	40.01
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; lumbar	28.25

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Common CPT Code Modifiers

Below are common CPT code modifiers that may be applicable to *DYNESYS* Spinal System procedures. Reference should be made to the Current Procedural Terminology (CPT) 2007 Professional Edition (Appendix A) for complete modifier definitions, and for applicability with specific CPT procedure codes.

- 22 Unusual Procedural Services:** When the service(s) provided is greater than that usually required for the listed procedure. A report may also be appropriate.
- 51 Multiple Procedures:** When multiple procedures, other than Evaluation and Management Services, are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Modifier 51 should not be appended to designated CPT “add-on” codes.
- 52 Reduced Services:** Under certain circumstances a service or procedure is partially reduced or eliminated at the physician’s discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, indicating that the service is reduced.
- 53 Discontinued Procedure:** Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure due to extenuating circumstances that threaten the well being of the patient.
- 54 Surgical Care Only:** When one physician performs a surgical procedure and another provides pre-operative and/or post-operative management.
- 58 Staged or Related Procedure or Service by the Same Physician During a Post-operative Period:** The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This modifier is not used to report the treatment of a problem that requires a return to the operating room.
- 62 Two Surgeons:** When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associate add-on code(s) for that procedure.
- 66 Surgical Team:** Highly complex procedures requiring concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment.
- 76 Repeat Procedure by Same Physician:** The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service.
- 77 Repeat Procedure by Another Physician:** The physician may need to indicate that a procedure or service performed by another physician had to be repeated.
- 80 Assistant Surgeon:** Surgical assistant services.
- 81 Minimum Assistant Surgeon:** Minimum surgical assistant services.
- 82 Assistant Surgeon (when qualified resident surgeon not available):** The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82.
- 99 Multiple Modifiers:** Under certain circumstances, two or more modifiers may be necessary to completely delineate a service.

Common INPATIENT HOSPITAL Billing Codes for *Dynesys* Spinal System

ICD-9 CM Procedure Codes	Code Description	Possible Medicare DRG Assignment
81.07	Lumbar and lumbosacral fusion, lateral transverse process technique	497 – Spinal Fusion Except Cervical with CC 498 – Spinal Fusion Except Cervical without CC
81.08	Lumbar and lumbosacral fusion, posterior technique Arthrodesis of lumbar or lumbosacral region: posterior (interbody) technique posterolateral technique	496 – Combined Anterior/Posterior Spinal Fusion 497 – Spinal Fusion Except Cervical with CC 498 – Spinal Fusion Except Cervical without CC
81.37	Refusion of lumbar and lumbosacral spine; lateral transverse process technique	442 – Other O.R. Procedures for Injuries with CC 443 – Other O.R. Procedures for Injuries without CC
81.38	Refusion of lumbar and lumbosacral spine, posterior technique Arthrodesis of lumbar or lumbosacral region: posterior (interbody) technique posterolateral technique	486 – Other O.R. Procedures for Multiple Significant Trauma 496 – Combined Anterior/Posterior Spinal Fusion 497 – Spinal Fusion Except Cervical with CC 498 – Spinal Fusion Except Cervical without CC

Revenue Code	Code Description
0278	Medical/Surgical Supplies and Devices – Other Implants



Indications for use

The Zimmer Spine *Dynesys* Spinal System provides a solution for immobilization and stabilization of spinal segments. When used as a pedicle screw fixation system in skeletally mature patients, the *Dynesys* Spinal System is intended to provide immobilization and stabilization of spinal segments as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurologic impairment, and failed previous fusion (pseudarthrosis).

In addition, when used as a pedicle screw fixation system, the *Dynesys* Spinal System is indicated for use in patients:

- Who are receiving fusions with autogenous graft only;
- Who are having the device fixed or attached to the lumbar or sacral spine; and
- Who are having the device removed after the development of a solid fusion mass.

Zimmer Coding Reference Guide Disclaimer — Limitations on Coverage and Payment

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Data Sources

ICD-9-CM Official Guidelines For Coding and Reporting, U.S. Department of Health and Human Services, Nov. 15, 2006

42 CFR Parts 405, 410, et al.; Medicare Program; Revisions to Payment Policies, Five-Year Review of Work Relative Value Units, Changes to the Practice Expense Methodology Under the Physician Fee Schedule, and Other Changes to Payment Under Part B; etc.; Final Rule, December 1, 2006

42 CFR Parts 409, 410, 412, et al.; Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates; etc.; Final Rule, Aug. 18, 2006

42 CFR Parts 410, 416 et al., Medicare Program; Revisions to Hospital Outpatient Prospective Payment System and Calendar Year 2007 Payment Rates; CY 2007 Update to the Ambulatory Surgical Center Covered Procedures List; etc.; Final Rule, November 24, 2006

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This Coding Reference Guide is valid January 1, 2007 – September 30, 2007.

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